

<i>SERFF Tracking Number:</i>	<i>FDLT-126455128</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44590</i>
<i>Company Tracking Number:</i>	<i>R-02955</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Blanket Sports Accident - Aggregate Deductible Rider</i>		
<i>Project Name/Number:</i>	<i>Aggregate Deductible Rider/R-02955</i>		

## Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Blanket Sports Accident - SERFF Tr Num: FDLT-126455128 State: Arkansas

Aggregate Deductible Rider

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 44590  
Closed

Sub-TOI: H04.000 Health - Blanket Co Tr Num: R-02955 State Status: Approved-Closed  
Accident/Sickness

Filing Type: Form

Authors: Jennifer Glaser, Kelly  
Humiston, Teresa Saling, Tara  
Wilson

Reviewer(s): Rosalind Minor  
Disposition Date: 01/21/2010

Date Submitted: 01/13/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Aggregate Deductible Rider

Project Number: R-02955

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in Missouri on  
1/12/2010.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 01/21/2010

Explanation for Other Group Market Type:

State Status Changed: 01/21/2010

Deemer Date:

Created By: Teresa Saling

Submitted By: Teresa Saling

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Blanket Group Health

R-02955 Aggregate Deductible Amendment Rider

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We respectfully submit the above form for your review and approval. This form is new and does not replace any form previously filed or approved by your state. The form will be used with form M-3024, previously approved by your Department on September 13, 2000.

The base product provides coverage that is solicited by licensed agents to schools and athletic organizations. The premium for the insurance will be paid by the policyholder.

The Policy form provides for an Individual Deductible. This Rider allows the Policyholder to elect an Aggregate Deductible instead of an Individual Deductible.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648-8624, extension 1276, or Email me at [tsaling@fslins.com](mailto:tsaling@fslins.com).

## Company and Contact

### Filing Contact Information

Teresa Saling, Supervisor	<a href="mailto:tsaling@fslins.com">tsaling@fslins.com</a>
3130 Broadway	800-648-8624 [Phone] 1276 [Ext]
Kansas City, MO 64111-2406	816-751-6026 [FAX]

### Filing Company Information

Fidelity Security Life Insurance Company	CoCode: 71870	State of Domicile: Missouri
3130 Broadway	Group Code: 451	Company Type: Life & Health
Kansas City, MO 64111-2406	Group Name:	State ID Number:
(800) 648-8624 ext. [Phone]	FEIN Number: 43-0949844	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

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*Company Tracking Number:*      *R-02955*  
*TOI:*      *H04 Health - Blanket Accident/Sickness*      *Sub-TOI:*      *H04.000 Health - Blanket Accident/Sickness*  
*Product Name:*      *Blanket Sports Accident - Aggregate Deductible Rider*  
*Project Name/Number:*      *Aggregate Deductible Rider/R-02955*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	01/13/2010	33514638

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Company Tracking Number: R-02955

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Product Name: Blanket Sports Accident - Aggregate Deductible Rider

Project Name/Number: Aggregate Deductible Rider/R-02955

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/21/2010	01/21/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/15/2010	01/15/2010	Teresa Saling	01/18/2010	01/18/2010

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## **Disposition**

Disposition Date: 01/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Aggregate Deductible Amendment Rider	Approved-Closed	Yes

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Project Name/Number: Aggregate Deductible Rider/R-02955

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/15/2010

Submitted Date 01/15/2010

Respond By Date

Dear Teresa Saling,

This will acknowledge receipt of the captioned filing.

Objection 1

- Aggregate Deductible Amendment Rider, R-02955 (Form)

Comment:

Your definition of "Aggregate Deductible" is similar to a "variable deductibles" as outlined under our Bulletin 15-93.

We do not allow these types of deductibles. Do you wish to withdraw this submission?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/18/2010

Submitted Date 01/18/2010

Dear Rosalind Minor,

**Comments:**

Thank you for your review of the filing.

### Response 1

Comments: We ask for your reconsideration to withdraw this submission as this Aggregate Deductible is not a "variable deductible." The following information is provided for your further consideration of this form:

The Blanket Policy form, M-3024AR, which was previously approved by your Department as noted in the original submission of this form, provides for an individual deductible which is defined as "an amount of Covered Charges which must be paid by the Insured on or on behalf of the Insured before the Policy will pay benefits. This would include

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Product Name: Blanket Sports Accident - Aggregate Deductible Rider  
Project Name/Number: Aggregate Deductible Rider/R-02955

amounts paid under any other policy or service contract for Covered Charges.” Form, R-02955 provides an Aggregate Deductible instead of an Individual Deductible. If the Aggregate Deductible is elected, the Policy will begin paying benefits once the Aggregate Deductible is met whether by one person or 100 people. Please see the example below.

If the Insured is injured in a covered accident, the Insured would be eligible for benefits under the Blanket Policy once the aggregate deductible is met. Any eligible expenses the Insured incurs prior to the aggregate deductible being met will be reimbursed by the school/athletic association.

Here is an example of how the Aggregate Deductible works for a Plan with an Excess Accident Medical Expense Benefit with an Aggregate Deductible of \$30,000 and a Maximum Benefit Amount of \$25,000:

Insured A, Insured B, and Insured C all are injured in a covered accident and incur expenses as follows:

Insured A is injured 1/2/2010 and incurs expenses:

\$1,000 on 1/2/2010  
\$3,000 on 1/5/2010  
\$2,000 on 1/7/2010  
\$500 on 1/10/2010  
\$10,000 on 2/15/2010

(Insured A Total \$16,500)

Insured B is injured 1/2/2010 and incurs expenses:

\$5,000 on 1/2/2010  
\$5,000 on 1/9/2010  
\$8,000 on 1/16/2010  
\$5,000 on 1/23/2010  
\$1,000 on 1/30/2010

(Insured B Total \$24,000)

Insured C is injured 1/17/2010 and incurs expenses:

\$100 on 1/17/2010  
\$100 on 1/23/2010  
\$100 on 2/7/2010



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(Insured C Total \$300)

The Policyholder reimburses the insureds on the day the expenses incurred as follows:

Amount paid by Policyholder and Date:

\$1,000 on 1/2/2010 (Insured A)  
\$5,000 on 1/2/2010 (Insured B)  
\$3,000 on 1/5/2010 (Insured A)  
\$2,000 on 1/7/2010 (Insured A)  
\$5,000 on 1/9/2010 (Insured B)  
\$500 on 1/10/2010 (Insured A)  
\$8,000 on 1/16/2010 (Insured B)  
\$100 on 1/17/2010 (Insured C)  
\$5,000 on 1/23/2010 (Insured B)  
\$100 on 1/23/2010 (Insured C)  
\$1,000 on 1/30/2010 (Insured B)  
\$100 on 2/7/2010 (Insured C)  
\$10,000 on 2/15/2010 (Insured A)

Total: \$40,800

Amount applied to Aggregate Deductible:

\$6,000 on 1/2/2010  
\$3,000 on 1/5/2010  
\$2,000 on 1/7/2010  
\$5,000 on 1/9/2010  
\$500 on 1/10/2010  
\$8,000 on 1/16/2010  
\$100 on 1/17/2010  
\$5,100 on 1/23/2010  
\$300 on 1/30/2010

Total: \$30,000

Benefits payable under the Policy:

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\$0 on 1/2/2010  
\$0 on 1/5/2010  
\$0 on 1/7/2010  
\$0 on 1/9/2010  
\$0 on 1/10/2010  
\$0 on 1/16/2010  
\$0 on 1/17/2010  
\$0 on 1/23/2010  
\$700 on 1/30/2010 (Insured B - Maximum Benefit Remaining \$24,300)  
\$100 on 2/7/2010 (Insured C - Maximum Benefit Remaining \$24,900)  
\$10,000 on 2/15/2010 (Insured A - Maximum Benefit Remaining \$15,000)

Total: \$10,800

The addition of this benefit allows our marketers to better compete against other companies offering sports accident insurance.

#### **Related Objection 1**

Applies To:

- Aggregate Deductible Amendment Rider, R-02955 (Form)

Comment:

Your definition of "Aggregate Deductible" is similar to a "varialbe deductibles" as outlined under our Bulletin 15-93.

We do not allow these types of deductibles. Do you wish to withdraw this submission?

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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*Project Name/Number:*              *Aggregate Deductible Rider/R-02955*

If we can provide any additional information, please let us know.

Sincerely,

Jennifer Glaser, Kelly Humiston, Tara Wilson, Teresa Saling

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Product Name: Blanket Sports Accident - Aggregate Deductible Rider

Project Name/Number: Aggregate Deductible Rider/R-02955

## Form Schedule

### Lead Form Number: R-02955

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/21/2010	R-02955	Policy/Cont ract/Fratern al	Aggregate Deductible Amendment Rider	Initial		50.000	R-02955.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					



# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111-2406  
Phone 800-648-8624  
A STOCK COMPANY  
(Herein Called "the Company")

## AGGREGATE DEDUCTIBLE AMENDMENT RIDER

By attachment of this Rider, the {Policy}/{/}{Certificate} is amended by the following:

1. The third paragraph in the **EXCESS ACCIDENT MEDICAL EXPENSE** benefit in **SECTION II – DESCRIPTION OF COVERAGES** section is deleted in its entirety and replaced with the following:

If the Insured incurs Covered Charges for covered Accidental Bodily Injuries suffered in one accident, We will cover the cost of those charges, subject to the Aggregate Deductible, and up to the Maximum Benefit Amount. The Aggregate Deductible and Maximum Benefit Amount are shown in the {Policyholder's Application} {Schedule}. The Covered Charges are deemed incurred on the date on which the treatment is rendered or the service is given.

2. The definition of **Covered Charges** in the **EXCESS ACCIDENT MEDICAL EXPENSE** benefit in **SECTION II - DESCRIPTION OF COVERAGES** section is deleted in its entirety and replaced with the following

**Covered Charges** are inpatient and outpatient benefits described below that are prescribed by a Physician and are Medically Necessary:

1. Hospital charge for semi-private room and board;
2. Hospital charge for use of an operating room;
3. Physician and surgeon fees (including oral surgeon);
4. licensed graduate nursing services, and the nurse is not a member of the Insured's Immediate Family;
5. medical appliances, artificial limbs;
6. Emergency ground or air ambulance services. "**Emergency**" means medical circumstances that, if left untreated, would result in the Insured's immediate loss of life or limb;
7. medical or surgical treatment, services, supplies, prescription drugs and any other Medically Necessary service.

Covered Charges are payable at {80% - 100%} of the Reasonable and Customary amount. No benefits are payable for Covered Charges used to satisfy the Aggregate Deductible, or that are incurred after the Maximum Benefit Amount or Maximum Benefit Period are exhausted.

3. The **EXCESS ACCIDENT MEDICAL EXPENSE** benefit in **SECTION II - DESCRIPTION OF COVERAGES** section is amended by adding the following:

**Aggregate Deductible** means an amount of Covered Charges which must be paid for all Insureds during a Policy Year before this Policy will pay benefits. This would include amounts paid under any other policy or service contract for Covered Charges.

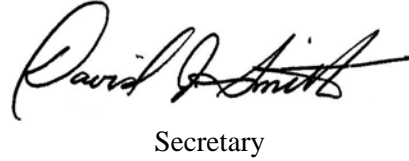
**Policy Year** means each 12 month period beginning on the Policy Effective Date and ending at 12:01 a.m. of the subsequent year. Each successive Policy Year will begin on the next anniversary of the Policy Effective Date for a 12 month period, and will end at 12:01 a.m. of the subsequent year.

This Rider takes effect on the {later of the} effective date {of the {Policy}}/{Certificate} to which it is attached} {or {Month Day, Year}} {shown in the Certificate Schedule}. This Rider terminates concurrently with the {Policy}}/{Certificate} to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the {Policy}}/{Certificate} except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY



Richard C. Jones  
President



David J. Smith  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see attached. <b>Attachment:</b> R-02955 Readability Certification.pdf	Approved-Closed	01/21/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable, filing includes Rider only. <b>Comments:</b>	Approved-Closed	01/21/2010

**FIDELITY SECURITY LIFE INSURANCE COMPANY**

Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) \_\_\_\_\_\* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

\* R-02955

Score

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Martha E. Madden

Vice President and General Counsel

December 18, 2009

Date